

2012 FLOOR HOCKEY REGISTRATION FORM

Mt. Vernon Parks & Recreation Department

Please fill out this form and return to the Parks & Recreation Department Community Center Office, 716 Locust, Entrance 11 or mail to PO Box 324, Mt. Vernon, Indiana 47620. All registrations are due by Friday, October 12th at 5pm. Fees: \$25 per participant (\$15 second child). Coach Mitchell and his staff will be running the clinics.

Check payable to: Mt. Vernon Parks and Recreation (\$25 returned check fee)

Name _____

Address _____ School _____

Phone _____ D.O.B. _____ Age _____ Gender: M F

T-shirt size (circle one): YS YM YL S M L XL

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: *Youth Floor Hockey*

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: _____

Parent Signature

Date: _____

Parent Signature

Contact Information:

Father: Name _____ Home #: _____ Work #: _____ Cell #: _____

Mother: Name _____ Home #: _____ Work #: _____ Cell #: _____

e-mail _____ (for P & R distribution lists only)

Will you coach? Yes No

Assist Coach? Yes No

Coach Shirt Size: S M L XL

Rec. # _____

Date Rec'd _____

By _____